

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008769

FILED
Apr 22, 2004
Secretary of State

Entity Name: R.M. SMITH CONSULTING SERVICES, LLC

Current Principal Place of Business:

1015 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

1040 SEMINOLE DRIVE
556
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1015 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

New Mailing Address:

1040 SEMINOLE DRIVE
556
FORT LAUDERDALE, FL 33304

FEI Number: 41-2040565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, REGINA M
1015 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

SMITH, REGINA M
1040 SEMINOLE DRIVE
556
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SMITH, REGINA M
Address: 1015 S.E. 11TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, REGINA M
Address: 1040 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Change (X) Addition
Name: WELLS, SHAWN T
Address: 2025 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REGINA M. SMITH

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date